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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L71470** **(3)**

1. Corporation Name
GULFSTREAM EXTERMINATING, INC.

Principal Place of Business	Mailing Address
1095 JUPITER PK DR STE 13 JUPITER FL 33458 US	1095 JUPITER PARK DR STE 13 JUPITER FL 33458-8972 US

3. Date Incorporated or Qualified: 05/07/1990
3a. Date of Last Report: 02/28/1996

4. FEI Number: 65-0200483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 825 SATURN ST.	26 same as new
Suite, Apt. #, etc. 22 #28	Suite, Apt. #, etc. 27 address
City & State 23 JUPITER	City & State 28
Zip 24 33477 Country 25 P.B.	Zip 29 Country 30

9. Name and Address of Current Registered Agent

LINDA T. GORE
~~1095 JUPITER PK DR~~
~~STE 13~~
JUPITER ~~33458~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 810 SATURN STREET
83 SUITE #28
84 City JUPITER FL 85 Zip Code 33477

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GORE, H. GEARL		1.2 NAME		
STREET ADDRESS	610 XANADU PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHUPP, RALPH E.		2.2 NAME		
STREET ADDRESS	11874 LAKE SHORE PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GORE, LINDA		3.2 NAME		
STREET ADDRESS	610 XANADU PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP		
TITLE	DVPS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHUPP, SUSAN F.		4.2 NAME		
STREET ADDRESS	11874 LAKE SHORE PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda T Gore 3/21/97 (561) 744-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #